UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1997/P/L.27
26 June 1997

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1997
9-12 September 1997
Item 4 of the provisional agenda*

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME AND FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMME**

Islamic Republic of Iran

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Islamic Republic of Iran with a duration of two years to support activities that will lead to the preparation of a full-length country programme. It also contains a recommendation for additional general resources to fund the approved country programme for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) The amount of $2,700,000 from general resources, subject to the availability of funds, and $1,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999;

(b) Additional general resources in the amount of $321,250, to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.18).

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BASIC DATA
(1995 unless otherwise stated)

Child population (millions, under 18 years)	
U5MR (per 1,000 live births)	
IMR (per 1,000 live births)	
Underweight (% moderate and severe)	
Maternal mortality rate (per 100,000 live births, 1990)*	1
Literacy (% male/female)	78/
Primary school enrolment (% net, male/female, 1994)	99/
Primary school children reaching grade 5 (%, 1994)	
Access to safe water (%)	
Access to health services (%, 1994)	
GNP per capita	$1,0
One-year-olds fully immunized against:	
tuberculosis:	99 per cen
diphtheria/pertussis/tetanus:	97 per cen
measles:	95 per cen
poliomyelitis:	97 per cen
Pregnant women immunized against:	
tetanus:	82 per cen

* According to the routine reporting system of the Ministry of Health an Medical Education, the maternal mortality rate is 40 per 100,000 live births.

THE SITUATION OF CHILDREN AND WOMEN

1. Since 1990, the economy of the Islamic Republic of Iran has been characterized by rapid inflation and declining real income, with resulting negative effects on the situation of children and women. According to the Central Bank, the average inflation rate in 1996 was 60 per cent. Since 1993, retail prices for such basic food items as bread, meat and rice have increased substantially. The per capita gross national product (GNP) declined from $2,32 in 1989 to $1,033 in 1994. In addition, the country continues to feel the impact of the eight-year war with Iraq, is hosting 3 million Afghan and Kurdish Iraqi refugees and suffers repeated natural disasters such as floods and earthquakes.

2. The Islamic Republic of Iran's Parliament ratified the Convention on the Rights of the Child in 1994. The country achieved all the mid-decade goals, except the goal for elimination of iodine deficiency disorders (IDD), and the Government has made a strong commitment to sustaining those achievements and to meeting the goals for the year 2000. Both the International Conference on Population and Development and the Fourth World Conference on Women helped to enhance the role of women in society and to initiate and strengthen a number of grass-root programmes for women, including a women's non-governmental organization (NGO) coordination committee and over 60 rural women's cooperatives. However, the Government has yet to ratify the Convention on the Elimination of All Forms of Discrimination against Women.

3. Preliminary data from the 1996 national census show a decline in the population growth rate. Almost one half of the population is under 18 years of age, posing a challenge to the Government in terms of educational planning and employment opportunities. The urban population is increasing at the rate of almost 6 per cent each year, with 60 per cent of the total population now living in urban areas, making increasing demands on already stretched urban basic services.

4. With the expansion of the primary health care (PHC) network to over 4,000 health centres and health houses, reaching 83 per cent of the rural population, the under-five mortality rate has declined steadily, from 120 per 1,000 live births in 1983 to 40 in 1996. According to the Ministry of Health and Medical Education, neonatal mortality accounted for two thirds of all deaths of children under five years of age. Premature births, low birth weight and neonatal infections (including pneumonia) are the leading causes of neonatal deaths.

5. Data from the UNICEF-supported multiple indicator cluster survey (MICS) show significant progress towards the achievement of the goals for the decade. However, 16 per cent of children under five years of age are malnourished, an additional 19 per cent have chronic malnutrition (stunting) and 7 per cent show signs of wasting. The survey also shows that 85 per cent of families use iodized salt.

6. Primary school enrolment rates are high, although data are lacking on the quality of education and levels of achievement on completion of primary education. Gender disparity in enrolment and completion still exists at the subnational level, especially in the provinces of Kurdistan, Hormazgan and Kohkiloyeh-Boyerahmad, which are remote and hard to reach. A recent study indicates that children in these areas often have to work in carpet factories and farms to supplement the family income. The lack of women teachers, cultural factors and traditional customs have also been identified as factors for girls' lower enrolment and completion rates.

PROGRAMME COOPERATION, 1993-1997

7. The principal goals of the programme of cooperation were to reduce child and maternal mortality, empower families with basic knowledge and skills needed for a healthy life, improve nutritional status of children, improve female school enrolment rates, empower women and promote the Convention on the Rights of the Child.

8. To respond to the challenge of providing basic health care to the rapidly increasing urban population, the Ministry of Health and Medical Education is directing its attention to further expansion of its urban PHC network by involving the private sector in the delivery of preventive health services. UNICEF supported the successful use of female community health volunteers in providing health services under the area-based programme, which encouraged the Ministry to expand the initiative to the rest of the country. By the end of 1996, the number of women volunteers had increased from 500 in 1993 to 24,000, and the project now covers a population of about 5.5 million. The programme has been successful in sustaining immunization coverage at above 90 per cent and has intensified its efforts for the eradication of polio by organizing four national immunization days, each involving over 500,000 community volunteers to provide polio drops to around 8.5 million children under five years of age.

9. A pilot project to reduce malnutrition has been initiated by the Ministry of Health and Medical Education in collaboration with the Ministry of Agriculture and UNICEF. The project, which covers a population of around 130,000, including 13,000 children under three years of age, is helping to develop a malnutrition prevention model for replication in the country under the Third National and Socio-economic Development Plan.

10. For the first time since the re-establishment of the UNICEF office in Teheran in 1985, a pilot project on improving girls' education was implemented jointly with the Ministry of Education. The project aimed to identify factors that hinder girls' access to education in rural areas of three deprived provinces of Kurdistan, Hormazgan and Kohkiloyeh-Boyerahmad. The first phase of the project, which has been completed, identified factors affecting girls' enrolment and completion. The second phase, which will develop strategies and initiatives to overcome these factors, will be implemented as a part of the new programme of cooperation.

11. The mid-term review, held in October 1995, reaffirmed the principal goals of the programme and confirmed that with the achievement of most mid-decade goals, the programme should now focus on the goals for the decade. The review recommended a more specific focus on reduction of neonatal and maternal mortality, further strengthening of routine data collection, analysis and dissemination, and involvement of policy makers and opinion leaders in addressing the economic and cultural factors restricting girls' access to education, especially in remote and deprived areas of the country.

Lessons learned

12. National-level data on programme performance are essential to monitor progress towards the achievement of the decade goals. However, national averages often hide disparities in coverage. Ensuring availability of data that are disaggregated by gender, geographical area, economic status and ethnicity is a pre-requisite to effective implementation of the Convention on the Rights of the Child.

13. The qualitative survey on the reasons for non-enrolment and non-completion of primary education by girls in three remote provinces has shown that availability of female teachers is an important factor affecting parents' decisions to enrol their daughters in school. It also showed that while poverty is often cited as the reason for not sending girls to school, the boys from the same houses were sent to school. Strategies to increase girls' enrolment and completion in primary schools will have to transcend the confines of the educational sector and address deep-seated cultural and traditional beliefs and practices related to the "value" of girls.

14. With its limited resources, the comparative advantage of UNICEF lies in supporting pilot projects that clearly demonstrate the effectiveness of a given strategy. When successful, these pilot projects can play a critical role in mobilizing government resources for replication at national level or influencing the design of national programmes. For example, the integrated area-based project successfully demonstrated the impact of the use of women community health volunteers to increase the use of PHC services in peri-urban areas. As a result, the Ministry of Health and Medical Education has adopted the strategy to increase PHC coverage in all peri-urban areas of the country.

15. In the interests of more efficient programme delivery, the proposed programme will consolidate the projects and programmes that constituted the previous programme.

16. Frequent natural disasters such as floods and earthquakes resulted in reprogramming of funds for emergency relief, in consultation with the Government. These funds were complemented by an allocation from the UNICEF Emergency Programme Fund.

Recommendation for additional general resources to fund the approved country programme, 1993-1997

17. The programme of cooperation between the Government of the Islamic Republic of Iran and UNICEF for the period 1993-1997 was approved by the Executive Board in 1993 in the amount of $6 million from general resources (E/ICEF/1993/P/L.14). In 1995, the annual planning ceiling for the Islamic Republic of Iran was increased as a result of an increased child population and reduced GNP per capita. In order to meet the objectives of the approved country programme, a supplementary allocation from general resources of $321,250 is therefore requested.

Annual funding requirements

(In United States dollars)

Current programme cycle	Approved general resources funding	Additional funding proposed
1993-1997	6 000 000	321 250

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Health	240	240	480
Nutrition	135	135	270
Education	315	315	630
Social mobilization and advocacy	280	280	560
Monitoring of child indicators	190	190	380
Integrated area-based programme	140	140	280
Cross-sectoral costs	50	50	100
Subtotal	1 350	1 350	2 700
Supplementary funding			
Nutrition	200	200	400
Social mobilization and advocacy	100	100	200
Integrated area-based programme	200	200	400
Subtotal	500	500	1 000
Total	1 850	1 850	3 700

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Objectives and strategies

18. The Third National Social and Economic Development Plan of the Government of the Islamic Republic of Iran will start in the year 2000. The proposed short-duration programme will harmonize the UNICEF programme cycle with those of the Government, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA). The proposed programme will support the Government in achieving the goals for the decade as stated in the national programme of action. It is a continuation of the current country programme and also incorporates the recommendations of the mid-term review.

19. The proposed programme will address: disparity reduction through focusing on underserved and hard-to-reach areas in four provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad; advocacy at all levels for promotion of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; intersectoral cooperation and community mobilization, especially to increase girls' primary school enrolment and completion and to prevent malnutrition; further strengthening the PHC system by promoting such integrated approaches as the sick-child care initiative and capacity building of the government sector and NGOs; and strengthening the capacities of government departments to use data for management, programme design and for monitoring of implementation of the Convention on the Rights of the Child.

Health

20. In order to improve the quality of care available to children, UNICEF will assist the Ministry of Health and Medical Education to strengthen the management capacities (qualitative and quantitative) of mid-level managers working in 256 district health centres. UNICEF will continue to support the Ministry's efforts to improve health care services in peri-urban areas. In the city of Tabrez and Isfahan, UNICEF will support activities that enhance the involvement of private practitioners in providing preventive care. UNICEF will work closely with the Ministry and other partners (notably the World Health Organization (WHO)) in promoting a phased introduction of the sick-child care initiative; initially, the initiative will be established in one district, one district hospital, seven urban and eight rural health centres and 48 village health houses, reaching a total population of 150,000. In close cooperation with WHO, UNICEF will support the strengthening of the disease surveillance system. UNICEF will work with medical colleges in organizing workshops on PHC management for their teaching faculties.

21. The maternal and neonatal health project will support the national goal of reducing maternal mortality by 10 per cent. Starting in the provinces of Khorasan and East Azarbyjan, UNICEF will support the strengthening of surgical and anaesthesia capacities and facilities at district level and the involvement of 130 rural health centres in the management of pregnancies and immediate referrals at subdistrict level. UNICEF will also work to enhance community awareness of and response to the need for immediate transportation of identified cases to the district health centre.

Nutrition

22. The multisectoral community-based nutrition project will support the national objective of reducing the percentage of moderate and severe malnutrition from the current level of 16 per cent to 12 per cent and increasing the percentage of children who are breast-fed for at least one year from 83 to 90 per cent. The project focuses on building a national consensus on the scope and cause of malnutrition; developing a nutrition monitoring and surveillance

programme; and supporting and strengthening programmes for nutrition awareness-building. UNICEF support to this project will cover a population of 130,000, of whom 13,000 are children under three years of age, in the rural areas of Bardsir, Ilam and Borzjan districts.

23. The micronutrient project supports the national goal of virtual elimination of IDD and iron-deficiency anaemia. With over 85 per cent of households using iodized salt and the Government well in control of the programme's implementation, UNICEF will support studies on goitre prevalence and urinary iodine content initiated by the Ministry of Health and Medical Education and WHO. UNICEF will also support the government programme to test iron fortification of flour in one district.

Education

24. The education project aims to increasing girls' school enrolment by overcoming factors affecting access (lack of female teachers and educational facilities, poverty, distance from schools) through community-based activities and advocacy. Two districts in each of the four provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad, covering 40,000 girls aged 6-10 years, will be selected for a pilot project. UNICEF assistance will support work with local clergy and village councils to mobilize the community to increase girls' enrolment, attendance and completion of primary education. The Ministry of Education and provincial authorities will undertake the recruitment and placement of women teachers in these districts. UNICEF will support training of 800 male teachers in gender sensitivity and awareness in these districts. Towards the end of the programme period, UNICEF will assist the Government in evaluating this pilot project in order to help Ministry of Education design the programme for the Third National and Social Economic Development Plan. In addition, UNICEF will assist the Literacy Movement Organization in covering out-of-school girls in these districts.

Advocacy and social mobilization

25. UNICEF will support and strengthen national alliances (with NGOs, the Presidential Women's Bureau, other government agencies, universities, the private sector and international agencies) for the promotion, implementation and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF will mobilize the mass media for production of relevant programmes, and will translate, launch and/or disseminate publications and other information in support of such national events as immunization days, the International Children's Day of Broadcasting, International Children's Day and the national breast-feeding week.

Monitoring

26. The thrust of this programme is to improve national capacity in terms of data collection, management and dissemination and effective use of knowledge and information pertaining to the Convention on the Rights of the Child. UNICEF will support the design and implementation of low-cost surveys and evaluations (MICS at subnational level). UNICEF will also support intersectoral and inter-agency cooperation to establish a common, central national database for children and women.

Integrated area-based programme

27. The key strategy of the integrated area-based programme is to identify and support innovative ways of strengthening community organization and participation to accelerate the achievement of the goals for children and women

in two districts in each of the provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad (the same as those selected for the girls' education project). UNICEF support will include training of 240 government workers in participatory rural appraisals, and training of 400 community leaders in the use of rural appraisal information.

Cooperation with other partners

28. UNICEF will collaborate closely with WHO in health and nutrition and with UNDP and UNFPA in gender and development. UNICEF will continue to work closely with WHO as an active partner in the National Plan of Action for Nutrition. As a member of the United Nations disaster team, UNICEF will cooperate with other agencies and NGOs during emergencies. UNICEF also will collaborate with the United Nations Educational, Scientific and Cultural Organization for educational activities.

Programme management

29. Annual surveys will be carried out to monitor programme progress and support the annual programme reviews. These reviews, done with the Government, will allow mid-course corrections and modifications to programme strategies. Selected evaluations will measure programme impact and feed into the development of the Third National Plan of Development and the full country programme for the period 2000 to 2005.

30. The country programme management plan will be the basis for management of the country programme. For effective management, the office is further clarifying structures of accountability.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ISLAMIC REPUBLIC OF IRAN
PROGRAMME : 1998-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSP	NSP	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MONITORING OF CHILD INDICATORS	380,000			380,000	0	0	0	0	0	0	0	1	0	1	0	66,708	66,708
HEALTH	480,000			480,000	0	0	0	0	0	0	0	1	0	1	0	66,708	66,708
NUTRITION	270,000			270,000	0	0	0	0	0	0	0	0	1	1	0	26,015	26,015
EDUCATION	630,000			630,000	0	0	0	1	0	0	1	0	0	1	355,954	0	355,954
SOCIAL MOBILIZATION AND ADVOCACY	560,000			560,000	0	0	0	0	0	0	0	2	1	3	0	128,654	128,654
INTEGRATED AREA-BASED PROGRAMMES	280,000			280,000	0	0	0	0	0	0	0	1	0	1	0	47,899	47,899
CROSS-SECTORAL COSTS	100,000			100,000	0	0	0	0	0	0	0	0	5	5	0	94,655	94,655
TOTAL GR	2,700,000			2,700,000	0	0	0	1	0	0	1	5	7	13	355,954	430,639	786,593
SUPPLEMENTARY FUNDING :																	
MONITORING OF CHILD INDICATORS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY		0	200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED AREA-BASED PROGRAMMES		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	2,700,000	0	1,000,000	3,700,000	0	0	0	1	0	0	1	5	7	13	355,954	430,639	786,593
SUPPORT BUDGET		Operating costs		389,960													
		Staffing			0	0	1	0	0	0	1	2	5	8	437,020	358,377	795,397
GRAND TOTAL (GR + SF + SB)					0	0	1	1	0	0	2	7	12	21	792,974	789,016	1,581,990
Number of posts and staff costs:																	
Current programme cycle											2	7	12	21			
At the end of proposed programme cycle (indicative only)											2	7	12	21	792,974	789,016	1,581,990

GR = general resources.
SF = supplementary funding.
FSP = funded supplementary funding.
NSP = new supplementary funding.

IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.